

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>dm</i>		10-17-01
O.I.P.E. CLASSIFIER			
FORMALITY REVIEW	<i>[Signature]</i>	<i>5886</i>	10.30.01
RESPONSE FORMALITY REVIEW			

INDEX OF CLAIMS

✓ Rejected N Non-elected
 = Allowed I Interference
 - (Through numeral)..... Canceled A Appeal
 ÷ Restricted O Objected

BEST AVAILABLE COPY

Claim	Date
Final Original	
1	3/18/01
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If more than 150 claims or 10 actions
staple additional sheet here

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11/10/01